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Advancement of women

Intensifying global efforts for the elimination of female genital mutilations

Report of the Secretary-General

Summary

Pursuant to General Assembly resolution 67/146, on intensifying global efforts for the elimination of female genital mutilations, the present report provides information on measures taken by Member States and activities undertaken within the United Nations system to address female genital mutilations. The report draws conclusions and proposes specific recommendations for future action.

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I. Introduction

1. In its resolution 67/146 of 20 December 2012, the General Assembly stressed that the empowerment of women and girls was key to breaking the cycle of discrimination and violence and for the promotion and protection of human rights, including the right to the highest attainable standard of mental and physical health, including sexual and reproductive health. The Assembly called upon States to ensure that national action plans and strategies on the elimination of female genital mutilations were comprehensive and multidisciplinary in scope, and urged States to ensure the national implementation of international and regional commitments. It also called upon States to develop policies and regulations to ensure the effective implementation of national legislative frameworks on eliminating discrimination and violence against women and girls, and to put in place adequate accountability mechanisms at the national and local levels to monitor adherence to and implementation of those legislative frameworks. The Assembly urged States to enact and enforce legislation to prohibit female genital mutilations and end impunity, and to develop social and psychological support services to protect women and girls who had been subjected to the practice and those at risk.

2. Also in that resolution, the Assembly called upon States to strengthen advocacy and awareness-raising programmes, and to enhance formal, non-formal and informal education and training in order to promote the direct engagement and mobilization of girls and boys, women and men, community leaders and institutions in developing preventive and elimination programmes, and to ensure that all key actors worked to eliminate attitudes and harmful practices that negatively affected girls. It also called upon States to develop unified methods and standards for the collection of data on all forms of violence against girls, especially forms that were underdocumented. The present report is based on information and submissions received by Member States[1] and entities of the United Nations system.[2] It covers the period from 20 December 2012 to 26 June 2014.

II. Background

3. Female genital mutilations[3] are the result of gender inequality and discriminatory social and cultural norms which relate to the position of women and girls in the family, community and society. They constitute a harmful practice and a form of violence against women and girls that can have both immediate and long-term consequences for their physical, sexual and mental health, and even result in death. Female genital mutilations are often interconnected with other harmful

[1] Replies for the present report were received from Australia, Burkina Faso, Cameroon, Canada, Cyprus, Egypt, Germany, Italy, Norway, Slovenia, Togo, Uganda and the United Republic of Tanzania.

[2] Replies for the present report were received from the Office of the United Nations High Commissioner for Human Rights, the United Nations Development Programme, the Economic Commission for Africa, and the United Nations Entity for Gender Equality and the Empowerment of Women, as well as the United Nations Population Fund and the United Nations Children's Fund in relation to the Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change.

[3] "Female genital mutilations" is the term used in General Assembly resolution 67/146. "Female genital mutilation" is also used, as is "female genital mutilation/cutting".

practices, as well as with other forms of discrimination and violence against women, such as child, early and forced marriage, as those practices are associated with a woman's "coming of age".[4] The need to gain social acceptance is the most frequently stated reason for supporting the continuation of female genital mutilations. Social acceptance often supersedes other reasons like better marriage prospects, the preservation of virginity, more sexual pleasure for men, religious necessity and cleanliness/hygiene.[5]

4. States are obligated under international human rights frameworks such as the Convention on the Elimination of All Forms of Discrimination against Women to enact, implement and monitor legislation addressing all forms of violence against women, including harmful practices. Despite progress in many countries in adopting such laws and policies, enforcement is insufficient and in many cases social norms prevail which allow the practice to continue. Furthermore, the persistence of harmful practices despite legislative and policy reforms indicates the need for more holistic strategies that address the root causes of those practices, such as gender inequality, and that transform discriminatory social norms and promote gender equality more broadly. In order to effectively prevent and respond to violence against women and girls and harmful practices, it is important to integrate prevention and response in a coordinated and comprehensive approach. Interventions that engage communities, families and policymakers while simultaneously investing in girls' and women's skills, opportunities and empowerment are therefore essential.

5. According to the latest available data, in the 29 countries where the practice is concentrated, more than 125 million girls and women alive today have undergone female genital mutilations and a further 30 million girls may be at risk. The data also show that the practice is most common in the western, eastern and north-eastern regions of Africa, some countries in Asia and the Middle East, and worldwide among communities of migrants from these areas. Prevalence rates for female genital mutilations reach above 90 per cent of women and girls in some countries, although the rate varies dramatically among ethnic groups and by geographical area. Socioeconomic factors influence the prevalence of and attitude towards female genital mutilations within countries, while the prevalence of the practice among women and girls living outside of their countries of origin, owing to increased migration, is also on the rise.[5]

6. Trends show that the chances that a girl will undergo female genital mutilations are significantly higher if her mother has undergone the practice herself. In many cultures, female genital mutilations appear to be an important physical marker of insider/outsider status and are intertwined with shared values such as sexual restraint and respect for one's elders. Although no causal link can be established, the practice appears to be more common in rural areas and less common among girls in the wealthiest households. Support for female genital mutilations is stronger among girls and women in the poorest households.

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[4] United Nations Population Fund-United Nations Children's Fund Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, annual reports for 2011 and 2012.

[5] The analysis in this section is based on: United Nations Children's Fund, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (New York, 2013). Available from www.childinfo.org.

7. In most countries where the practice is concentrated, the majority of girls and women, as well as men, think it should end. In all countries with available data, girls and women consistently underestimate the proportion of boys and men who want female genital mutilations to end. This indicates the importance of more open dialogue between men and women, and between boys and girls, so that prevailing social expectations concerning female genital mutilations can be challenged.

8. The data show a strong association between level of education and support among women for the practice. Support declines progressively with increased levels of education and income. Data analysis confirms that gender equality and women's empowerment are essential in reducing and ultimately eliminating the practice.

III. Global and regional legal and policy developments

9. During the reporting period, the United Nations and other intergovernmental bodies continued to address female genital mutilations as a human rights violation. The Commission on the Status of Women, at its fifty-seventh and fifty-eighth sessions, held in 2013 and 2014, respectively, reaffirmed the importance of creating an enabling environment to end harmful practices such as child, early and forced marriage and female genital mutilations, by reviewing, adopting, enacting and enforcing laws and regulations that prohibited such practices, creating awareness of their harmful health consequences and generating social support for the enactment of such laws. Gender equality, the empowerment of women and girls and their enjoyment of their human rights are essential to sustainable economic and social development, and cannot be achieved without understanding and addressing unequal power relations between men and women, social norms, harmful practices and stereotypes that perpetuate discrimination against women and girls.

10. During the reporting period, the Committee on the Elimination of Discrimination against Women expressed concern about State parties to the Convention on the Elimination of All Forms of Discrimination against Women not having taken sufficient sustained and systematic action to modify or eliminate stereotypes, negative cultural values and harmful practices, as well as the persistence of such practices among certain communities within States parties and the lack of national legislation criminalizing female genital mutilations. The Committee welcomed the inclusion of harmful practices, including female genital mutilations, in laws relating to the prevention and prohibition of violence against women. It expressed concern, however, that female genital mutilations were often practised outside of the territory of countries with such laws and in neighbouring countries in order to avoid prosecution. The Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child continued working on the elaboration of a joint general recommendation/comment on harmful practices, including female genital mutilations. Once adopted, it will be the first joint general comment by two treaty bodies.

11. In September 2013, the Human Rights Council adopted decision 24/117, proposed by the African Group, in which it called upon the Office of the United Nations High Commissioner on Human Rights to organize a high-level panel discussion on the identification of good practices in combating female genital mutilations, to be held during the twenty-sixth session of the Council, in June 2014. The final report of the high-level panel is yet to be released, but discussion during

the debate confirmed that female genital mutilations were a form of gender-based discrimination and that they violated the right to be free from torture and the right to the highest attainable standard of health. Because they were often performed on children, they also represented a violation of children's rights. It was agreed that greater involvement by local communities was required, especially for prevention and assistance to women and girls who had been subject to, or were at risk of, female genital mutilations. The importance of education for women, girls, boys and men, as well as legal literacy, was highlighted as important, particularly in the context of considering the post-2015 development agenda.

12. The United Nations Statistical Commission in 2013 endorsed a core set of nine indicators on violence against women, which include an indicator on female genital mutilations. The Statistical Commission recommended that, where relevant, the module on female genital mutilations should be included in demographic and health surveys conducted at the national and subnational levels.[6]

IV. Measures and initiatives reported by States and United Nations entities to implement resolution 67/146

13. A broad range of initiatives were undertaken during the reporting period by Member States, United Nations entities, civil society organizations and regional bodies to foster the commitment to ending female genital mutilations and to advance the implementation of General Assembly resolution 67/146. Those initiatives resulted in, inter alia, action plans for consolidating progress and further intensifying national actions (in Burkina Faso and Italy); the identification and mapping of relevant stakeholders and their potential roles in combating female genital mutilations; the development of rapid baseline studies/assessments on the legal and normative frameworks relating to female genital mutilations (by the Economic Commission for Africa (ECA)); and the raising of awareness of, and an increasing sensitization to, the main principles of domestic and international legal frameworks banning female genital mutilations through the dissemination of knowledge of the principles contained in resolution 67/146 (in Burkina Faso and Italy).

14. Member States have continued working towards ending female genital mutilations by implementing international human rights conventions through collaboration among different stakeholders at the national, bilateral, regional and international levels. Numerous efforts and initiatives have fostered changes[7] in social beliefs and behaviours that are conducive to the decline of the practice, including the enactment of laws prohibiting female genital mutilations; comprehensive policies and prevention measures, such as community education and dialogue, as well as the engagement of the media; a strengthened evidence base; and the identification of good practices for improved programming.

15. The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change has directly contributed to the political commitments outlined in General Assembly resolution 67/146 and has supported countries, regional bodies and global actors in the implementation of that resolution. The Joint Programme

[6] See ESA/STAT/AC.193/L.3, paras. 53 and 54.

[7] As reported by the United Nations Population Fund-United Nations Children's Fund Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change.

completed its first phase in 2013 and has succeeded in accelerating the elimination of female genital mutilations at the global and national levels, leading to 8 million people in more than 12,000 communities in 15 countries publicly declaring their abandonment of the practice, among other results. In its second phase for the 2014-2017 period, which is designed to respond to the recommendations of the joint evaluation of the UNFPA-UNICEF Joint Programme[8] and build a stronger framework for scaling up, the Joint Programme will contribute to the acceleration of total elimination of female genital mutilations within the next generation (i.e. within 20 years, to achieve a 40 per cent decrease in prevalence among girls aged 0-14 years in at least five countries, with at least one country declaring total elimination of the practice by the end of 2017). In 2014, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) joined the Joint Programme in its second phase to support, at the policy level, the effective integration of perspectives related to gender equality and the elimination of violence against women and girls. In order to address the serious health consequences for women and girls, the World Health Organization will be closely associated to the Joint Programme to strengthen health-care guidelines related to female genital mutilations.

A. International instruments and national legislation

16. All of the 13 reporting Member States are parties to the Convention on the Elimination of All Forms of Discrimination against Women and to the Convention on the Rights of the Child. Reference was made by some Member States to their adherence to regional legal instruments that contain provisions on the elimination of female genital mutilations, including the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Some reporting States are signatories to the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, which includes provisions relating to female genital mutilations. With regard to sustained and systematic action to eliminate harmful practices and address their persistence among certain communities, the progress reported by Member States has been uneven. Various countries, including Australia, Egypt, Germany, Norway, Uganda and the United Republic of Tanzania, have passed specific laws, including in some cases extraterritorial measures, prohibiting female genital mutilations. According to the submission provided by the UNFPA-UNICEF Joint Programme, Guinea-Bissau and Kenya have also passed laws prohibiting female genital mutilations. In other States, such as Canada and Slovenia, general criminal law and the principle of extraterritoriality, as well as general child protection law, are applicable to cases of female genital mutilations. The practice is prosecuted in all member States of the European Union, either through general criminal legislation or through specific legal provisions. A principle of extraterritoriality is often included to prosecute perpetrators when the practice is performed in another State. Nevertheless, criminal law cases related to female genital mutilations are rare.[9]

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[8] United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), *Joint Evaluation: UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change 2008-2012*, Vol. I (New York, September 2013). Available from www.unicef.org.

[9] European Commission, "Communication from the Commission to the European Parliament and

17. Other States have adopted different laws or applied provisions of their existing legislation and institutionalized mechanisms to further protect and support women and girls subjected to or at risk of female genital mutilations. For example, the Egyptian Ministry of Health issued a ministerial decree in 2007 that instituted a universal ban on female genital mutilations, including by medical practitioners at both government and non-governmental hospitals and clinics. In Guinea-Bissau, as reported by the UNFPA-UNICEF Joint Programme, the 2011 law on female genital mutilations has complemented laws covering other issues, such as reproductive health and domestic violence, by providing for additional preventive measures to strengthen policy frameworks that address the practice, such as a national strategy and action plan through 2015. Female genital mutilations are also being reflected and integrated in broader laws addressing violence against women, for example, in Iraq.[10]

18. A number of countries, such as Burkina Faso and Uganda, have seen progress in the prosecution of and conviction for offences related to female genital mutilations. The institutionalization of court watch sessions in Uganda to address impunity in various districts, for example, contributed to some progress in reporting, arresting and prosecuting those involved in committing such offences. States, including Uganda, also took measures to render courts more accessible to women and girls who have been subjected to violence in general, and to strengthen the implementation of legislation through the development of guidelines and regulations on how to handle cases of violence against women and girls, including female genital mutilations. Those guidelines are meant for magistrates, police, prosecutors, court clerks, doctors, and officers responsible for women's rights and the protection of children. According to the submission by the UNFPA-UNICEF Joint Programme, Ethiopia and Kenya have experienced similar progress.

19. Despite these positive developments, in some contexts no criminal law against female genital mutilations exists, while in others enforcement of legislation remains a challenge.

B. National action plans, policies, strategies and coordination mechanisms

20. National action plans for eliminating female genital mutilations offer a framework for the development, implementation, monitoring and evaluation of comprehensive and coordinated strategies. Limited information has been provided with regard to the investment of resources, including budgetary allocations by national Governments to effectively scale up the elimination of female genital mutilations.

21. In some instances, Member States, such as Canada, Ethiopia,[11] Norway and the United Republic of Tanzania, have adopted national action plans and policies that include addressing various forms of violence against women and harmful practices, thereby enhancing the linkages between approaches and strengthening preventive work through improved coordination and collaboration with regard to

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the Council: Towards the elimination of female genital mutilation", COM(2013)/0833 (Brussels, 25 November 2013).

[10] As reported by the United Nations Children's Fund.

[11] As reported by the United Nations Population Fund-United Nations Children's Fund Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change.

public services. In Uganda, interventions relating to female genital mutilations have been integrated into other government development programmes. The Ugandan gender policy provides overall guidance for the elimination of the practice. The draft policy on gender-based violence, in particular, incorporates a section on female genital mutilations and a detailed action plan to ensure implementation of the policy. Moreover, through the Ministry of Gender, Labour and Social Development, an alliance at the subnational level has been established to coordinate work towards the elimination of female genital mutilations. In Cameroon, a national strategic plan on reproductive, maternal and newborn health, which includes a specific component on harmful practices, has been developed for the period 2014-2020. The strategic plan complements other important policy instruments relating to gender equality, violence against women and female genital mutilations. These include a national policy on gender with a component on all forms of discrimination and abuse of women and girls, a national strategy to combat violence against women and a comprehensive national action plan against female genital mutilations. The strategic plan on reproductive, maternal and newborn health is aimed at increasing, by 60 per cent by 2020, treatment of the consequences of harmful practices and other forms of violence against women and girls at the national, regional and district levels. These interventions contribute to achieving universal access to quality services and reproductive health care. Such multisectoral approaches encourage networking, help avoid duplication and stipulate clearly defined roles and responsibilities for the various players involved. They thereby contribute to leveraging resources and intensifying efforts for the elimination of female genital mutilations. As a result, the Government of Uganda, for example, introduced and approved a specific budget line for female genital mutilations in 2010 and continues to support non-governmental organizations in undertaking prevention programmes.

C. Bilateral, regional and international agreements and cooperation and collaboration with non-governmental organizations

22. Efforts to eradicate female genital mutilations through bilateral cooperation have focused on prevention and social mobilization, addressing the health consequences of the practice, supporting the reintegration of women and girls and building capacity at all levels. These include national and regional efforts, including ones led by Canada, Germany and Norway, to support the improvement of national action plans in partner countries, as well as to coordinate mechanisms and means to contribute effectively to the elimination of the practice.

23. Several countries have collaborated on cross-border prevention measures in populations of identical or similar ethnic and cultural backgrounds. For example, in East Africa, countries have exchanged delegations representing communities and local government representatives. A number of cross-border collaborations have also emerged in West African countries, including Burkina Faso, Mali, the Niger and Senegal.[11] There has also been sharing of experiences among all partners working to address female genital mutilations through joint planning and strengthened collaboration, both at the regional and the national levels. These regional collaborations, including ones led by ECA and the UNFPA-UNICEF Joint Programme, have enabled non-governmental organizations to develop cross-border partnerships and studies to deal with female genital mutilations across borders.

D. Prevention measures

24. In order to be effective, measures to prevent all forms of violence must address multiple aspects of social realities in a complementary and interrelated way to change knowledge and behaviours and strengthen institutions and their accountability, working directly with civil society, communities and specific groups. Prevention requires promoting and achieving transformation in individual, interpersonal, community and wider societal behaviours and practices in all public and private spaces.

25. Various awareness-raising events in commemoration of the International Day of Zero Tolerance for Female Genital Mutilation, international and regional conferences, high-level meetings, workshops and side events organized on the margins of the sessions of the Commission on the Status of Women were aimed at raising awareness of the issue and highlighted efforts made by Member States and communities to promote social change and end harmful social and cultural practices. Such occasions also resulted in cross-border partnerships, the development of studies and the establishment of monitoring mechanisms. Following the adoption of General Assembly resolution 67/146, for example, ECA, the Inter-African Committee on Traditional Practices and No Peace Without Justice collaborated to increase awareness of, and sensitization to, domestic and international legal frameworks banning female genital mutilations in order to ensure its recognition as a human rights violation. They also convened, in New York in March 2014, the meeting entitled "Ban female genital mutilation worldwide: taking action on General Assembly resolution 67/146 in Eastern Africa".

26. In some countries, progress has been made with comprehensive and integrated prevention approaches. Most initiatives include awareness-raising, advocacy, education and training activities at the institutional and community levels. In some States, such as Canada, efforts have focused on the accessibility of information and orientation activities for affected communities in relevant languages free of charge, as well as culturally sensitive counselling sessions in educational and recreational settings for girls at risk.

27. Other initiatives include the capacity-building of service providers through training, seminars and curricula for judges and public prosecutors on victim protection and related issues (e.g. in Canada and Germany), immigration services, security forces and health practitioners (Canada and Togo), health professionals working with immigrant and refugee children and youth, journalists and teachers (Cyprus, Guinea[11] and the United Republic of Tanzania), including on interdisciplinary approaches such as communication with particularly vulnerable victims. Capacity-building programmes for rural health and family empowerment outreach workers are being implemented by government ministries to strengthen the commitment of medical supervisory bodies and medical staff at public hospitals in high-prevalence areas, together with training manuals on life skills for children, adolescents and young people, both in and out of school (Egypt, Ethiopia,[11] Guinea[11] and Uganda).

28. Media campaigns and communications initiatives (radio, television, cinema, theatre) have contributed to a great extent to sensitizing public opinion to the consequences of female genital mutilations and familiarizing the public with the

legal instruments and measures in place to combat the practice.[12] Religious leaders and faith-based organizations play an important role in the prevention of violence against girls. In October 2013, the publication "Female circumcision: between the incorrect use of science and the misunderstood doctrine", prepared by Al-Azhar University in Cairo, was launched with the support of the UNFPA-UNICEF Joint Programme. The document clarifies important issues, separating cultural practices from religion and discussing scientific evidence in relation to female genital mutilations. More than 28,000 informational posters were published and distributed in all public health facilities nationwide, district hospitals and non-governmental organizations, emphasizing legislation criminalizing female genital mutilations.[11] The communication materials also call on communities to protect girls and to report cases to the national hotline dedicated to addressing female genital mutilations.[13]

29. Initiatives and programmes related to formal and informal education have also played a fundamental role in increasing knowledge of harmful practices and contributing to the elimination of female genital mutilations. Through engaging teachers, schools have taken an active role against the practice in many communities. A number of international and local civil society organizations, funded by Norway and other partners, have conducted both in-school and out-of-school programmes to educate parents and students about female genital mutilations and to promote positive changes in attitudes and behaviours in Egypt, Ethiopia, Kenya, Mali, Senegal, Somalia, the Sudan, Uganda and the United Republic of Tanzania. In Egypt, the Kamla campaign, developed by a coalition of non-governmental organizations, is a school-based intervention which stresses that being intact, healthy and untouched is the right of every Egyptian girl. The campaign has been launched in 11 governorates and has contributed to more than 17,700 families declaring their intention to abandon this harmful practice.[11] In the Sudan, the Saleema initiative is aimed at replacing, through communication, awareness-raising and community dialogue, the pejorative term for "uncut girl" with "Saleema", a word meaning "whole and as God intended her". The Saleema initiative in Khartoum State has resulted in a significant increase in the use of the positive wording and knowledge of the Saleema message. The Saleema initiative has been successfully scaled up in six additional States. Coupled with the introduction of social marketing and mass media communication tools, it has reached potentially 80 per cent of the total population. Furthermore, the community dialogue programme using the Saleema approach reached 550 new communities and generated over 140 public declarations of abandonment of female genital mutilations in 2013.[11]

30. The stimulation of dialogue within communities about the harms of the practice and the benefits of adhering to new social norms that respect human rights and gender equality is an important element of the prevention strategy that the UNFPA-UNICEF Joint Programme has consistently carried out over the years in the countries where it operates. Such dialogues often result in a statement or public commitments by the population. These public declarations by communities constitute a step forward in the process of eliminating female genital mutilations, indicating both the intention to change and a change in public expectations regarding the practice. Through partnership with government and civil society,

[12] As reported by Guinea-Bissau, Togo and the United Republic of Tanzania.

[13] As reported by Egypt.

12,000 communities and villages to date have declared their abandonment of female genital mutilations.[14] In Uganda, the "grandmother approach" focuses on involving grandmothers in development programmes dealing with the health, protection and education of women and children. The aim is to improve their knowledge and practices, so that grandmothers can play a positive role with regard to gender equality and bodily integrity in the family and in the community. The "grandmother approach" encourages intergenerational dialogue between younger and older community members in the fight against female genital mutilations in a culturally sensitive manner, with the involvement of grass-roots organizations.

31. Since the adoption of General Assembly resolution 67/146, States have increased support for and sensitization with regard to the elimination of female genital mutilations and have strengthened bilateral collaboration. For example, Burkina Faso and Italy have pursued an intensive campaign in cooperation with United Nations entities, the International Organization of la Francophonie, civil society organizations and many other countries engaged in the battle against female genital mutilations.

32. The collaboration among Governments, parliamentarians, United Nations entities, civil society, non-governmental and faith-based organizations, the media and continent-wide and regional institutions has also contributed to increasing action-oriented initiatives for the elimination of female genital mutilations. For example, in addition to the international conference on "Action to achieve commitments in UNGA resolution 67/146: intensifying global efforts for the elimination of female genital mutilations", organized in Rome in October 2013 by the Government of Italy, in collaboration with the UNFPA-UNICEF Joint Programme, a subregional conference on the theme "For a region without female genital mutilation: banning all forms of female genital mutilation, including the so-called 'Sunnah' practice" was held in Djibouti in 2013 to commemorate the International Day of Zero Tolerance for Female Genital Mutilation. The Day of the African Child (2013) also focused on ending harmful social and cultural practices.

E. Response measures

33. All Member States that submitted information for the present report indicated that they had implemented measures to protect and assist women and girls who have experienced or are at risk of female genital mutilations. Services often consist of protection, health, legal and psychosocial support and the integration of alternative livelihood options for women and girls. In addition, response measures relating to female genital mutilations have been integrated into ongoing development programmes that provide services and safe spaces to girls and women. A specific focus has been placed on strengthening the capacity of sexual and reproductive health systems to care for women and girls affected by the practice, as well as of child protection systems to provide both protection and care services.

34. In general, services offering sufficient expertise and knowledge to provide support to victims remain inadequate. The importance of systemic and coordinated responses to female genital mutilations and its consequences through existing national, decentralized and non-governmental systems cannot be overemphasized.

[14] As reported by Djibouti, Egypt, Guinea-Bissau, Kenya and Uganda.

The main gaps and challenges that need to be more thoroughly addressed are the need for adequate social and psychological support services and care. Limited information has been provided on specific programmes addressing the greater risk of female genital mutilations in emergency and crisis situations.

35. As of 2014, all 17 countries of the UNFPA-UNICEF Joint Programme have budgeted for action plans to strengthen relevant services to address female genital mutilations along a continuum, from the prevention of the practice to the protection and care of the girls and women affected. In some countries (such as Guinea and Mali),[11] information on female genital mutilations, as well as prevention and treatment guidelines, including protocols, monitoring mechanisms and data collection, have been fully integrated into sexual and reproductive health services. Investments have been made in medical kits for care management and in the marketing of health services within communities to improve the lives of girls and women. In Burkina Faso and Mali, with the support of UNFPA, 227 girls and 503 women have benefited from these services. In other States, such as Germany, Egypt and Togo, a free national 24/7 telephone hotline has been set up to receive reports of planned cases of female genital mutilations.

36. Services to address the risks and consequences of female genital mutilations are increasingly being integrated into reproductive health and HIV/AIDS services. Information on the health effects of female genital mutilations is also provided by such services, which contributes to the leveraging of resources and the scaling up of a multipronged approach to eliminating the practice. The use of reproductive health as an entry point for dialogue on female genital mutilations provides an opportunity for communities to better understand, analyse and engage, from an informed point of view, with the real challenges associated with female genital mutilations and to develop appropriate interventions for eliminating the practice. Some Member States have set up health centres specializing in care for victims of female genital mutilations, providing mostly gynaecological services, in particular for pregnant women. In Norway, where the practice is illegal, a total of eight hospitals across the country have established special clinics to address the negative consequences of illegal procedures undertaken by specific migrant communities. In those hospitals, the personnel of social paediatric centres are trained to examine and treat children for complications following female genital mutilations. All services are free of charge and easy to access.

F. Data collection and research

37. The availability of reliable, comparable, quantitative and qualitative data is crucial for evidence-based legal and policy development, along with programme design and implementation, to eliminate female genital mutilations. Information and data on violence against women and girls, including harmful practices, is critical to fully understanding the issues and contexts, developing tailored preventive and responsive approaches, monitoring the efficacy of investments and guiding improvements over time, as well as for advocacy efforts. The evidence base is also important for identifying practices that have been successful and that, when shared, can inform developments in other settings.

38. The collection of prevalence and other data on female genital mutilations has been achieved mainly through two major household surveys: demographic and

health surveys, supported by the United States Agency for International Development; and multiple indicator cluster surveys, supported by UNICEF. During the reporting period, at least eight countries carried out data collection through national household demographic and health surveys.[15] In some countries, alternative national representative household surveys provide relevant data.

39. Specific health-facility-based studies covering attitudes towards female genital mutilations, along with their immediate health consequences and their obstetric and gynaecological consequences, have been conducted in various countries.[16] These studies have been used to support the development of educational materials for national use and/or research on female genital mutilations. Health-facility-based studies have also been developed by UNFPA to measure the prevalence of female genital mutilations among girls aged 0-14 in order to assess changes relating to the practice. The Gambia, Kenya and Mali have also undertaken such studies.[11]

40. Available data on various forms of violence against indigenous women and girls, including harmful practices and female genital mutilations, are presented and reviewed in the publication "Breaking the silence on violence against indigenous girls, adolescents and young women".[17] The report, which has been endorsed by the International Indigenous Women's Forum, the United Nations Permanent Forum on Indigenous Issues and the Special Rapporteur on violence against women, its causes and consequences, finds that, while violence against women and girls is universal, the situation facing indigenous women and girls is even more pronounced, owing to overlapping forms of discrimination.

41. The 2013 UNICEF publication *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* is a major advance in global data collection efforts to track the progress of change regarding female genital mutilations. The report is the result of more than 20 years of efforts to standardize data collection methods, in alignment with the United Nations Statistical Commission, to measure progress in eliminating the practice. To date, nationally representative data have been collected in 29 countries in Africa and the Middle East where female genital mutilations have been recognized to be concentrated. The United Nations Children's Fund continually advocates with Governments to include the female genital mutilations module, introduced by the multiple indicator cluster survey and the demographic health survey in 2010, in national household surveys in States where the practice has been documented but national representative data have not yet been collected.

42. In countries where the practice is not widespread, such as Cyprus and Slovenia, data availability may be limited. Sometimes the lack of data may also be linked to the unavailability of efficient mechanisms to identify cases, which could in

[15] Chad (2014), Egypt (2014), Gambia (2013), Mali (2012-13), Nigeria (2013), Senegal (survey for 2012-13 completed; 2013-14 upcoming), Sierra Leone (2013) and Togo (2013-14), as reported by the Joint Programme.

[16] As reported by Australia, Cyprus, Norway, Togo and Uganda, as well as by the Joint Programme for the Gambia, Kenya and Mali.

[17] United Nations Children's Fund, United Nations Entity for Gender Equality and the Empowerment of Women, United Nations Population Fund, International Labour Organisation and Office of the Special Representative of the Secretary-General on Violence against Children, "Breaking the silence on violence against indigenous girls, adolescents and young women: a call to action based on an overview of existing evidence from Africa, Asia Pacific and Latin America" (May 2013). Available from www.unwomen.org.

turn allow in some instances a greater number of cases going unnoticed and proper treatment and protection not being received.

43. The joint evaluation of the UNFPA-UNICEF Joint Programme for the period 2008-2012, completed in 2013, was a major contribution to the evidence base on programme efforts to end female genital mutilations and on United Nations joint programming. The evaluation confirmed the importance of the Joint Programme's focus on female genital mutilations as a social norm whose change requires comprehensive and coordinated action across sectors at all levels of society. It also highlighted the need to strengthen and broaden the gender equality component and human-rights-based approach and to invest in more in-depth research on changing social norms.[18] The evaluation confirmed the importance of enhancing subregional dynamics for change through cross-border approaches to foster and promote exchanges, collaboration and synergistic interventions among countries.

44. Challenges remain regarding the scope and breadth of what is needed to address violence against women and girls, accounting for different forms, sectors and interventions. The UN-Women Virtual Knowledge Centre to End Violence against Women and Girls (www.endvawnow.org) facilitates access to a synthesis of the global evidence base, promising approaches and methodologies, lessons learned, good practice case studies, recommended programming tools, expert organizations and individuals, and information on external training, conference and workshop opportunities.

V. Conclusions and recommendations

Conclusions

45. **An important number of actions have been taken at the national, regional and international levels to foster the elimination of female genital mutilations. Greater political commitment has allowed for strengthened national and legal policy frameworks and improved measures for enacting and implementing them, as well as enhanced subregional collaboration. Examples of good practices were provided by Member States and the UNFPA-UNICEF Joint Programme with relation to the engagement of religious leaders and faith-based organizations, and community participation and engagement, leading to public declarations of the abandonment of the practice of female genital mutilations, the integration of preventive and response measures addressing the practice in existing health and education services, and the capacity-building of officials in justice and other institutions.**

46. **Despite those efforts, the practice remains a grave concern in the 29 countries where it is concentrated. Additionally, it is on the rise for women and girls living outside of their countries of origin, owing to increased migration. More than 125 million girls and women alive today have undergone female genital mutilations, and a further 30 million girls may still be at risk. Although the proportion of girls and women who have experienced female genital mutilations may decrease, the total number of cases may still increase, owing to population growth. The practice is deeply rooted in gender inequality and**

[18] See the executive summary of the joint evaluation of the Joint Programme.

discriminatory social norms which relate to the position of women and girls in the family, community and society.

47. Trends show that socioeconomic factors, as well as levels of education and income, influence the prevalence of and attitude towards female genital mutilations. Across countries, the majority of girls and women are in favour of abandoning the practice but are unaware of and underestimate the share of boys and men who also believe that female genital mutilations should end. Since the practice is connected to social acceptance, discussions that reveal the true opinion of boys and girls and women and men who oppose the practice should be facilitated to influence traditional forums and decision-making. Giving voice and visibility to girls and women, as well as leaders and communities, that oppose the continuation of female genital mutilations remains critically important in demonstrating change and stimulating additional dialogue and action towards the elimination of such practices.

48. Strengthened and sustained political commitment must translate into comprehensive national laws and policies, in accordance with international human rights standards, and the allocation of adequate human and financial resources for their implementation. States have introduced criminal offences and improved implementation of legal and policy reforms through the development of guidelines, the capacity-building of officials and the improved coordination of services. They have also integrated policies relating to female genital mutilations into policies for gender equality. Despite these developments, there remains insufficient enforcement of legislation and policies and a limited allocation of resources for their implementation. Inadequate monitoring and accountability mechanisms and a lack of comparable data to facilitate the analysis of trends are also hampering progress.

49. There is an increasing number of educational programmes and mobilization initiatives involving multiple stakeholders, such as in schools, communities, religious institutions and the media. These initiatives promote the direct engagement and mobilization of girls and boys, women and men, communities and institutions in programmes to prevent and eliminate female genital mutilations. Interventions that engage communities, families and policymakers while simultaneously investing in girls' and women's skills, opportunities and empowerment are essential. Overall, limited information was provided about the comprehensiveness of initiatives, the impact of measures and programmes and the allocation of adequate resources to ensure their effectiveness and sustainability.

50. The persistence of harmful practices, despite legislative and policy reforms, indicates the need for more holistic strategies that address the root causes of those practices, such as gender inequality, and that transform discriminatory social norms and promote gender equality more broadly. In order to effectively prevent and respond to violence against women and girls and harmful practices, it is important to integrate prevention and response in a coordinated and comprehensive approach based on human rights and gender equality principles.

Recommendations

51. **States should develop comprehensive legislation that prohibits female genital mutilations and punishes perpetrators, including extraterritorial laws for citizens practising female genital mutilations in other jurisdictions. Legislation should also mandate a range of prevention and protection measures for women and girls who have been subjected to or are at risk of female genital mutilations. Specific provisions on budgetary allocation, and appropriate mechanisms to coordinate, monitor and evaluate laws, their impact and implementation should also be considered in the development of legislation.**

52. **States should ensure that national policies and strategies on the elimination of female genital mutilations are implemented through national action plans that are multisectoral, include specific timelines and goals, provide accountability frameworks and mechanisms and are fully resourced. They should ensure the participation of all stakeholders, including affected groups, practising communities, non-governmental organizations and women's groups, in the development, implementation and evaluation of such policies and strategies.**

53. **States must place a stronger focus on the development of comprehensive prevention strategies that are multisectoral and coordinated. In addressing female genital mutilations, States should engage with a range of governmental institutions from different sectors, such as the judicial, health, and formal and informal education sectors, as well as religious institutions and faith-based organizations, the media and society at large. Women and girls, men and boys, youth, and community and religious leaders should be actively involved in prevention initiatives to achieve the transformation of behaviour and practices at the individual, interpersonal, community and societal levels, in private and public spaces.**

54. **States should ensure that the protection of and provision of support to women and girls subject to, or at risk of, female genital mutilations are an integral part of policies and programmes that address the practice. In order to prevent serious lifelong consequences, women and girls subjected to or at risk of female genital mutilations should be provided with a coordinated, specialized, accessible quality multisectoral response which includes legal, psychological, health and social services, in accordance with standard ethical guidelines and provided by adequately trained personnel. Psychosocial services need to be strengthened. Conditions need to be improved so as to permit women and girls to report cases of female genital mutilations.**

55. **States should provide measures tailored to the specific needs of women and girls who face multiple forms of discrimination, including indigenous women, displaced and refugee women, and migrant women.**

56. **The development of uniform methods and standards for the collection of data on the prevalence, causes and consequences of female genital mutilations should be strengthened. The sharing of good practices relating to the prevention and abandonment of the practice should be reinforced at the subregional and regional levels. Research and evidence concerning initiatives to prevent violence against women and girls should be intensified to inform the**

development of effective strategies to eliminate female genital mutilations and harmful practices.

57. **States should support the active involvement and participation of civil society, women's groups, and community and other key stakeholders in the design, development, implementation, monitoring and evaluation of prevention, response and advocacy measures.**

58. **States should dedicate greater resources to effectively scale up the elimination of female genital mutilations. Unpredictability of funding or short-term commitments do not allow consistent and sustainable interventions.**

59. **United Nations entities should coordinate and join efforts that contribute to a comprehensive approach towards the elimination of the practice according to their respective comparative advantage, in line with gender equality and human rights principles. Further investments in holistic prevention strategies and research on the effectiveness of specific interventions over time should be made.**

60. **Given that female genital mutilations, and all forms of violence against women, hamper the achievement of gender equality and the empowerment of women, which are critical for sustainable development, the elimination of the practice should be reflected and incorporated in the post-2015 development agenda.**